

Bury Rangers Membership Application Form 2011/2012

Age Group

Player Surname	Player First Name	Player Date of Birth
Home Address		
Parent/Guardian Name(s)	Home Phone No	Mobile Phone No
Email Address <small>(To be used for the distribution of Bury Rangers Football Club information only)</small>		
Emergency Contact Name	Emergency Phone No	Emergency Mobile No
Medical Details <small>Please indicate if the player has any medical conditions we should be aware of e.g. asthma</small>		

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

I agree to be bound by and to observe the Club Rules and Code of Conduct and the Rules and Regulations of the Football Association Limited and County Football Association and all Competitions in which the Club participates.

I agree to the inclusion of my sons/daughters name and image on the Bury Rangers Web Site on the understanding that their name will not be associated directly or indirectly with any image.

I understand that in registering my child with Bury Rangers Football Club, I, the undersigned will also be registered as a member of Bury Rangers Football Club.

Signed : _____ Date : _____

Print Name : _____

I enclose completed standing order form and cash/cheque for £ _____ signing on fee
(£40 for U6, £50 for all other age groups)